

**RECEIVED
CENTRAL FAX CENTER
SEP 29 2005**

Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach

Akerman Senterfitt

ATTORNEYS AT LAW

222 Lakeview Avenue
4th Floor
West Palm Beach, Florida 33401-6147
Post Office Box 3188 *mail*
West Palm Beach, Florida 33402-3188
www.akerman.com
561 653 5000 *tel* 561 659 6313 *fax*

FAX COVER SHEET

From: Nicholas Zachariades

Date: September 29, 2005

PLEASE DELIVER PAGE(S) (including cover sheet) TO:

Name:

Fax Number: 571-273-8300

Company: USPTO

Phone Number:

Please call if you do not receive all the pages.

Comments/Special Instructions

I am re-faxing this Office Action and Petition to Revive that was faxed on August 25, 2005. I spoke to Joyce in customer service and she said it does not show up in the system. I am also attaching the confirmation fax sheet that we received. Please let us know if you need anything further and confirm that you received this one.

Thank you,
Nicholas Zachariades

**RECEIVED
OIPE/IAP**

SEP 30 2005

The information contained in this transmission may be a confidential attorney-client communication or may otherwise be privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original transmittal to us by mail. Thank you.

Client/Matter No: _____

Equitrac ID: _____

{WP230639;1}

RECEIVED 5616596313
CENTRAL FAX CENTER

SEP 29 2005

PTO/SB/21 (03-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

	Application Number	10/798,192	
	Filing Date	MARCH 11, 2004	
	First Named Inventor	SNYDER	
	Art Unit	1636	
	Examiner Name	GUZO, D.	
Total Number of Pages in This Submission	16	Attorney Docket Number	5853-258-1CON

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Copy of Petition to Revive which is being simultaneously filed in parent appln no. 10/456,423
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NICHOLAS A. ZACHARIADES, PH.D.		
Date	AUGUST 25, 2005	Reg. No.	56,712

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	NICHOLAS A. ZACHARIADES, PH.D.	Date	AUGUST 25, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CONFIRMATION REPORT - MEMORY SEND

Time : AUG-25-05 13:50
 Fax number: 5616596313
 Name : AKERMAN,SENTERFITT & EIDSON

Job : 593
 Date : AUG-25 13:44
 To : 915712738300
 Doc. pages : 16
 Start time : AUG-25 13:43
 End time : AUG-25 13:50
 Pages sent : 16

Job:893

***** SEND SUCCESSFUL *****

TRANSMITTAL FORM		PTO/SB/37 (02-04) Approved for use through 07/31/2007 GSA FPMR (41 CFR) 101-11.5 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE	
<small>(To be used for all correspondence after May 1, 2005)</small> <small>Total Number of Pages in This Submission</small> 16		Application Number 10/798,192 Filing Date MARCH 11, 2004 First Named Inventor SNYDER Art Unit 1655 Examiner Name GUZO, D. Attorney Docket Number 8863-288-1CON	
ENCLOSURES <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Reply to Missing Parts <small>Document Type: Application Reply to Missing Parts under 37 CFR 1.62 or 1.63</small>		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Motion to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <small>Appeal Notice, Brief, Reply Brief</small> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) <small>Copy of Petition to Parent which is being simultaneously filed in parent application No. 10/486,424</small>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NICHOLAS A. ZACHARIADIS, PH.D.		
Date	AUGUST 26, 2005	Reg. No.	56,712

CERTIFICATE OF TRANSMISSION/MAILING	
<small>I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage and in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Washington, DC 20531-1450 on the date shown below:</small> <small>Signature</small> <small>Type or printed name</small> NICHOLAS A. ZACHARIADIS, PH.D. <small>Date</small> AUGUST 26, 2005	

This section of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This section is estimated to 2 hours to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing time or cost would be appreciated. Send comments to USPTO General Counsel, Office of Legal Counsel, USPTO, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-2128 and select option 2.